



**BOARD OF CHIROPRACTORS**  
P O BOX 200513  
HELENA MT 59620  
406-841-2393

LIC.#: \_\_\_\_\_

DATE: \_\_\_\_\_

STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ADDRESS CHANGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ ACTIVE \$150.00

☐ INACTIVE \$50.00

Your Montana Chiropractic license will expire on September 1 every year.

In order to renew your Chiropractic license:

- 1) Complete the renewal application.
- 2) Answer all the disciplinary questions at the bottom of the form and on the back of the Renewal..
- 3) Submit a check or money order for the appropriate amount indicated above. Make payable to the Board of Chiropractors. Do not send cash. Canadian and Foreign Residents pay in U.S. funds only.
- 4) Complete, sign, and date the renewal form.
- 5) Renewal application and fees must be returned to the Board office postmarked no later than **SEPTEMBER 1**.
- 6) Renewal postmarked after **SEPTEMBER 1**, will be assessed a penalty fee of \$50.00. **NO WAIVER OF PENALTY FEE!**
- 7) You may not practice as a chiropractor in Montana after **SEPTEMBER 1**, until you have renewed your license.
- 8) If you wish to activate an inactive license, please contact the Board office.
- 9) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.
- 10) Incomplete Renewal Applications will be returned and may be subject to the penalty fee if not received in the Board office completed and postmarked by **SEPTEMBER 1**.

Office Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Office Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**CONTINUING EDUCATION STATEMENT FOR ACTIVE LICENSEES ONLY:**

You are required to have 12 hours of continuing education per year in order to renew your active license. The Board will be conducting a random audit of licensees after the renewal cycle to ensure compliance.

**Statement:** By signing this application, I declare under penalty of perjury that I have completed the required hours of continuing education. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

YES \_\_\_\_\_ NO \_\_\_\_\_ **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_